



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
SOLID WASTE MANAGEMENT PROGRAM  
**SPECIAL WASTE DISPOSAL REQUEST**

**SECTION I GENERAL INFORMATION (TO BE COMPLETED BY THE GENERATOR AND LANDFILL OPERATOR)**

DISPOSAL FACILITY	WASTE GENERATOR
NAME	
ADDRESS	
CITY, STATE, ZIP CODE	
TELEPHONE NUMBER	
PERMIT NO.	N/A
CONTACT PERSON	

**SECTION II WASTE CHARACTERIZATION (TO BE COMPLETED BY THE GENERATOR)**

A. NAME OF WASTE \_\_\_\_\_

B. DESCRIPTION OF GENERATION PROCESS \_\_\_\_\_

C. (CHECK ONE)

(1.) ☐ SOLID      (2.) ☐ SLUDGE (20% OR GREATER SOLIDS)      (3.) SLURRY (20% OR LESS SOLIDS)

(4.) ☐ LIQUID (5% OR LESS SOLIDS)      (5.) ☐ OTHER - SPECIFY \_\_\_\_\_

(INDICATE) % SOLIDS BY WEIGHT \_\_\_\_\_ ;  
SPECIFIC GRAVITY \_\_\_\_\_ ;      PUMPABLE: ☐ YES ☐ NO;      ODOR: ☐ YES ☐ NO;      FREE FLUID: ☐ YES ☐ NO;  
pH \_\_\_\_\_ ;      FLASHPOINT \_\_\_\_\_

D. WAS THE WASTE EVER CLASSIFIED OR LISTED HAZARDOUS? ☐ YES ☐ NO IF YES, SPECIFY THE EPA WASTE NUMBER \_\_\_\_\_

E. LIST BELOW THE CHEMICAL COMPOSITION (ATTACH ANY ADDITIONAL ANALYSIS)

MAJOR COMPONENTS	% BY WEIGHT
1. _____	
2. _____	
3. _____	
4. _____	

F. SOURCE OF CHEMICAL DATA \_\_\_\_\_

**SECTION III GENERATION RATE/DISPOSAL FREQUENCY\* (TO BE COMPLETED BY GENERATOR)**

A. AVERAGE GENERATION RATE (CUBIC YARDS PER WEEK, POUNDS PER MONTH, ETC.) \_\_\_\_\_

B. DISPOSAL REQUEST [COMPLETE (1) OR (2)]:

(1) ☐ Continual (or intermittent)  
If disposal is to be made on a continual or intermittent basis, indicate the **quantity** and **frequency** of disposal \_\_\_\_\_ (cubic yards per week, pounds per month, etc.)  
Indicate the quantity available for immediate disposal, if applicable \_\_\_\_\_

(2) ☐ One-time only  
If one-time only, indicate the total amount to be disposed of \_\_\_\_\_

**\*NOTE ►** INDICATE APPROPRIATE UNITS (TONS, GALLONS, POUNDS, CUBIC YARDS, ETC.)

**SECTION IV TRANSPORTATION (TO BE COMPLETED BY GENERATOR OR LANDFILL OPERATOR)**

A. CONTAINERS USED FOR TRANSPORTATION (CHECK ONE)

(1) ☐ BULK (\_\_\_\_\_ CU. YD.);      (2) ☐ METAL DRUMS (\_\_\_\_\_ GAL.);      (3) ☐ CASES, CARTONS (SIZE \_\_\_\_\_);

(4) ☐ FIBER DRUMS (\_\_\_\_\_ GALS.);      (5) OTHER - SPECIFY \_\_\_\_\_

B. TYPE OF VEHICLE

(1) ☐ TRACTOR-TRAILER;      (2) ☐ ROLL-OFF/LUGGER;      (3) ☐ DUMP TRUCK;      (4) ☐ (OTHER) \_\_\_\_\_

**SECTION V DISPOSAL TECHNIQUES (TO BE COMPLETED BY THE LANDFILL OPERATOR)**A. ☐ SEPARATE TRENCH BURIAL

(1) LOCATION ON LANDFILL SITE \_\_\_\_\_

(2) TRENCH DESIGN PREVIOUSLY APPROVED BY DNR? ☐ YES ☐ NO IF NOT, ATTACH REQUEST FOR APPROVALB. ☐ CO-DISPOSAL WITH MUNICIPAL WASTE ON ACTIVE FILL FACE

1. AVERAGE DAILY QUANTITY OF MUNICIPAL SOLID WASTE \_\_\_\_\_ (SPECIFY TONS OR CUBIC YARDS)

2. SPECIAL WASTE TO BE UNLOADED AT: \_\_\_\_\_ TOE OF WORKING FACE  
\_\_\_\_\_ TOP OF WORKING FACEC. ☐ OTHER DISPOSAL PROCEDURES - SPECIFY \_\_\_\_\_**SECTION VI HANDLING PROCEDURES (TO BE COMPLETED BY GENERATOR)**

Safety precautions during handling: Provide handling information supplied by product manufacturer, waste generator, or from other sources, describing the necessary measures that should be taken to protect personal safety, to control dusting, or to ensure fixed placement of waste. This should include a description of materials not compatible with this waste.

**SECTION VII CERTIFICATION (TO BE COMPLETED BY GENERATOR AND LANDFILL OPERATOR)**

I, the undersigned, submit this request to dispose of the named waste and certify that the information supplied by me herein is correct. I understand approval to dispose of the waste may be suspended if false information has been submitted or if the disposal operation is not performed in a proper and legal manner.

SIGNATURE OF LANDFILL OPERATOR OR AUTHORIZED REPRESENTATIVE

PRINT NAME/TITLE

DATE

I, the undersigned, submit this request to dispose of the named waste and certify that the waste named herein, to the best of my knowledge, is not a hazardous waste as defined by the Missouri Waste Management Law and rules, and that the information supplied by me is correct.

SIGNATURE OF WASTE GENERATOR OR AUTHORIZED REPRESENTATIVE

PRINT NAME/TITLE

DATE

ADDITIONAL COMMENTS

MAIL THE COMPLETED FORM TO: PLEASE SEND TO THE REGIONAL OFFICE IN YOUR AREA.

## INSTRUCTIONS FOR COMPLETION OF THE SPECIAL WASTE DISPOSAL FORM

As a **generator**, you should complete all or part of sections I, II, III, IV, VI, and VII.

As a **landfill operator**, you should complete all or part of sections I, IV, V and VII.

The following instructions correspond with the numbering system on the disposal form:

### I. GENERAL INFORMATION

This may be completed by the generator or the landfill operator. Please be certain to include the disposal-area permit number and the person we could contact if questions should arise.

### II. WASTE CHARACTERIZATION (To be completed by the generator)

- A. Provide the name of the waste, i.e., fly ash, paint sludge, etc.
- B. Describe the process or activity that produced the waste.
- C. Indicate the physical state of the waste by checking one of the numbered blanks 1 through 5. Also include the pH, the percentage of solids by weight and other information as requested.
- D. Indicate whether this waste was **ever** classified or listed as hazardous. If so, and your firm was the generator, give the previous EPA waste identification number for the waste (D001, D002, etc.).
- E. List the components of the waste and their percentage of the total weight of the waste. If a lab report or analysis is available, attach a copy to the form.
- F. Indicate the source of the data listed in this section, such as your firm's lab, an independent laboratory, or manufacturer's specifications.

### III. GENERATION RATE/DISPOSAL FREQUENCY (To be completed by the generator)

- A. Indicate the average **generation** rate for the waste.
- B. Indicate if the request is for a **one-time** disposal or for **continuous** disposal, by completing (1) or (2).
  - (1) Indicate the quantity of waste and the frequency with which it will be taken to the landfill for disposal. In addition, indicate the amount of any waste which has been stored and will immediately be taken to the landfill for disposal.

**OR**

- (2) Indicate the total amount of waste for a one-time disposal.

### IV. TRANSPORTATION (To be completed by transporter or landfill operator)

- A. Check one of the five options to indicate the type of containers to be used in transporting the waste to the disposal site. Also indicate the size of an individual container of that type.
- B. Check one of the four options to indicate the mode of transportation to be used for the waste.

V. DISPOSAL TECHNIQUES (To be completed by the landfill operator)

- A. If the waste is to be buried in a trench separate from the other wastes, indicate that by checking this blank.
  - 1. Describe where the separate disposal area is located on the landfill.
  - 2. Indicate whether the separate trench design has been approved by DNR, either during the original permit approval or by later amendments to your operating procedure.
- B. If the waste is to be combined with municipal wastes and deposited on the active working face, indicate by checking this blank.
  - 1. Also show the average daily quantity of municipal solid waste received at the disposal facility.
  - 2. Indicate whether the waste is to be deposited at the top or the toe of the working face.
- C. If neither trench burial nor co-disposal is to be used, describe the proposed alternative disposal method.

VI. HANDLING PROCEDURES (To be completed by the generator)

Describe the precautions necessary to safely handle the waste. Also list other materials that should be isolated from the waste.

VII. CERTIFICATION (To be completed by generator and landfill operator)

Read the certification statement carefully, then sign and date the form. Print or type your name below your signature.

We encourage you to make any suggestions or comments you may wish in the space provided or by attaching additional sheets.